Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	า							
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12/	31/2014					
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemploye of participating employer information in account of participating employer plan (not multiemploye of participating employer employer plan (not multiemploye of participating employer emplo										
		a one-participant plan	a foreign plan							
B This ref	turn/report is	X the first return/report	the final return/repo	ort						
		an amended return/report	a short plan year re	onths)						
C Check	box if filing under:	X Form 5558	automatic extension	on	DFVC prog	gram				
		special extension (enter desc	cription)							
Part II	Basic Plan Inf	ormation—enter all requested in	nformation							
1a Name					1b Three-digit					
	RI-CITIES 401(K) PS	P			plan number					
					(PN) •	001				
					1c Effective date 01/	of plan 01/2014				
	sponsor's name and a MOTOR COMPANY,	address; include room or suite num	per (employer, if for a sin	gle-employer plan)	2b Employer Idea (EIN) 91-	ntification Number				
					2c Sponsor's tel					
7200 BURD PASCO, WA					509-987-1880 2d Business code (see instructions)					
						3100				
3a Plana	administrator's name	and address XSame as Plan Spor	nsor.		3b Administrator	s EIN				
4 If the	name and/or FIN of t	he plan sponsor has changed since	e the last return/report file	ed for this plan enter the	4b EIN					
name		umber from the last return/report.	the last retain, report me	or this plan, officer the	4c PN					
		ts at the beginning of the plan year			5a	26				
_		ts at the end of the plan year		ŀ	5b	26				
C Numl	ber of participants wit	h account balances as of the end o	f the plan year (defined b	enefit plans do not	5c	15				
	,	participants at the beginning of the p		ŀ	5d(1)	26				
d(2) To	otal number of active r	participants at the end of the plan ye	ear		5d(2)	26				
e Numb	er of participants that	terminated employment during the	plan year with accrued b	ŀ	5e	0				
Under per SB or Sch	nalties of perjury and	e or incomplete filing of this retu other penalties set forth in the instru and signed by an enrolled actuary, molete.	uctions, I declare that I ha	ave examined this return/rep	ort, including, if app					
SIGN		d/valid electronic signature.								
HERE	Signature of plan administrator		Date	Enter name of individu	er name of individual signing as plan administrator					
SIGN										
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ual signing as emplo	yer or plan sponsor				
Preparer's		name, if applicable) and address (ne number (optional)				

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b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot want to the pl	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ d use	PA) Form	5500.	X Yes
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)? .		Yes	No Not determined
Par	III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a		0			375401
	Total plan liabilities	7b					075404
	Net plan assets (subtract line 7b from line 7a)	7c		0			375401
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	463	5 9			
	2) Participants	8a(2)	676	96			
	3) Others (including rollovers)	8a(3)	2539	10			
	Other income (loss)	8b	74	36			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					375401
	Benefits paid (including direct rollovers and insurance premiums						
1	o provide benefits)	8d					
_ е	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u>	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
	Net income (loss) (subtract line 8h from line 8c)	8i					375401
J	Fransfers to (from) the plan (see instructions)	8j					
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 2T 3D 3H	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut						
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear	end.)	10g	Χ		8000
	If this is an individual account plan, was there a blackout period? ((See instr	uctions and 29 CFR	Ŭ		X	3000
i	2520.101-3.)	ne require	d notice or one of the	10h			
Part	exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance	1-3		10i			
11	Is this a defined benefit plan subject to minimum funding requirement	ents? (If "	Yes," see instructions and com	plete	Sched	lule SE	3 (Form
	5500) and line 11a below)	······		· ·	<u>.</u>		
	Enter the unpaid minimum required contribution for current year from					11a	FRISA? Yes X No
12	Is this a defined contribution plan subject to the minimum funding			or se	ction (302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein			rtione	and c	enter th	e date of the letter ruling
а	granting the waiver.	-			and 6	Day	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		t Identification Information						
For calen	ndar plan year 2014 or f	fiscal plan year beginning 01/01/	/2014	and ending	12/31/2014			
A This r	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan							
B This return/report is the first return/report the final return/report								
C Check box if filling under: X Form 5558 automatic extension DFVC program								
		special extension (enter descri	iption)					
Part II	The state of the s	ormation—enter all requested info	ormation					
	ne of plan Fri-Cities 401(k) PSP				1b Three-digit plan number (PN) ▶	er 001		
					1c Effective da 01/01/2014			
	n sponsor's name and ac Motor Company, Inc.	ddress; include room or suite numbe	er (employer, if for a single-	-employer plan)	(EIN) 91-16			
7200 Burd	ton Rlvd				(5	telephone number 509) 987-1880		
Pasco, WA					2d Business co 423100	ode (see instructions)		
3a Plan	administrator's name a	and address Same as Plan Sponso	or.		3b Administrat	or's EIN		
4 If the	e name and/or EIN of th	ne plan sponsor has changed since tl	the last return/report filed f	or this plan, enter the	4b EIN	or's telephone number		
nam		umber from the last return/report.	929	4 4	4c PN			
	COMPOSED CO O CITATRANIA IDASSA	s at the beginning of the plan year				26		
		s at the end of the plan year			2.00	26		
C Num	nber of participants with	account balances as of the end of the	he plan year (defined bene	efit plans do not	5c	15		
		articipants at the beginning of the pla			5d(1)	26		
d(2) ⊤d	otal number of active pa	articipants at the end of the plan year	Г	***************************************	5d(2)	26		
	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0		
Caution:	A penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable ca	ause is established	Ĺ		
Under per SB or Sch	enalties of perjury and ot	ther penalties set forth in the instruct and signed by an enrolled actuary, as	tions, I declare that I have	examined this return/re	eport, including, if a	pplicable, a Schedule		
SIGN	// 1	71	10/14/15	Timothy T. Bush, Jr.				
HERE	Signature of plan a	administrator	Date	Enter name of indivi	idual signing as plan	administrator		
SIGN								
HERE Propagar's	Signature of emplo		Date	Enter name of indivi		oloyer or plan sponsor		
Preparer	s name (including illm r	name, if applicable) and address (inc	clude room or suite numbe	r) (optional)	Preparer's teleph	none number (optional)		

under 29 CFR 2550.104-467 (See Instructions on walver displaifly and conditions.) If you answered "No" to either line 6a of line 6 is, the plan cannot use Form \$500.55 and must instead use Form \$500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						No			
If you answered "No" to either line 8 aor line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							□No		
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?											
Part III Financial Information (a) Beginning of Year	С	A THE SALE OF THE STATE OF THE SALE OF THE							Not	deterr	nined
7 Plan Assets and Liabilities 7 0 0 3754 8 Total plan assets (subtractine 7 brown in exp. 7 b 0 3754 C. Net plan assets (subtractine 7 brown in exp. 7 b 0 3754 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total and Contributions received or receivable from: (1) Employers 84(1) 46359 (2) Participants 84(2) 67696 (3) Others (including relicers) 84(2) 67696 (3) Others (including relicers) 84(3) 253910 (3) Others (including relicers) 84(3) 253910 (3) Others (including relicers) 84(3) 253910 (4) Dransfers (including direct relicers and insurance premiums to provide benefits) 85 6 7436 (5) C Total income (add lines 84(1), 84(2), 84(3), and 8b) 8c (6) C Total income (add lines 84(1), 84(2), 84(3), and 8b) 8c (7) C Total income (add lines 84(1), 84(2), 84(3), and 8b) 8c (8) C Total expenses 8c (8) C Total expenses 8c (9) C Total expenses 8c (9) Other expenses 8c (9) Other expenses 8c (9) Other expenses 8c (9) Other expenses 8c (9) Total expenses (add lines 8d, 8c, 8f, and 8g) 8h (1) Total expenses (add lines 8d, 8c, 8f, and 8g) 8h (1) Net moore (loss) (subtract line 8h from line 8c) 8i (1) Transfers to (from) the plan (see instructions) 8c (1) Transfers to (from) the plan (see instructions) 8c (2) Eart IV Plan Characteristics (2) Eart IV Plan Characteristics (3) If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2) Eart IV Compliance Questions 10 During the plan year 2) Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 250.3-1027 (See instructions with any partyl-in-interest? (Do not include transactions reported on line 10.3) 40 M M M M M M M M M M M M M M M M M M										O1980 - Sept. (4) P	02044.0620.004
a Total plan assets	7			(a) Reginning of Yes	ar	T		(b) Enc	l of V		
b Total plan liabilities. 7b	a	9245 W W W W	. 7a			\top		(b) Life			
C Net plan assets (subtract line 7b from line 7a)	V/390					\top					
a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Ba(2) 67696 (3) Others (including rollovers). (8) As(3) 259910 (8) Other including direct rollovers and insurance premiums to provide benefits). (8) Other spenses (and lines 8a(1), 8a(2), 8a(3), and 8b). (8) Ba (2) Banefits paid (including direct rollovers and insurance premiums to provide benefits). (9) Other expenses (and lines 8a(1), 8a(2), 8a(3), and 8b). (9) Other expenses (and lines 8a(1), 8a(2), 8a(3), and 8b). (1) Part VI Plan Characteristics (and 8a). (1) Part VI Plan Characteristics (and 8a). (2) Banefits paid (including direct rollovers (and 8a). (3) Banefits paid (including direct rollovers (salaries, fees, commissions). (3) Banefits paid (including direct rollovers and insurance premiums to provide sensitive providers (salaries, fees, commissions). (3) Banefits paid (including direct rollovers and insurance premiums to provide sensitive providers (salaries, fees, commissions). (1) Banefits paid (including direct rollovers and insurance premiums to provide sensitive providers (salaries, fees, commissions). (2) Banefits paid (including direct rollovers). (3) Other expenses. (4) Banefits paid (including direct rollovers). (5) Banefits paid (including direct rollovers). (5) Banefits paid (including direct rollovers). (6) Banefits paid (including direct rollovers). (8) Banefits paid (including direct rollovers). (9) Banefits paid (including direct rollovers). (9) Banefits paid (including direct rollovers). (1) Banefits paid (including direct rollovers). (2) Banefits paid (includin	10	From H. S. Street, R. S. Street, R. S. St. St. St. St. St. St. St. St. St.	7c		0				3	75401	
a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (8) Other (including rollovers). (9) Other (including rollovers). (9) Other (including rollovers). (10) Other (in	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount							8
(2) Participants	а			1005							
(3) Other (including rollovers) (3) Other income (loss). (4) Benefits paid (including direct rollovers and insurance premiums to provide benefits, and compress and insurance premiums to provide benefits, and deemed and/or corrective distributions (see instructions). (5) Certain deemed and/or corrective distributions (see instructions). (6) Certain deemed and/or corrective distributions (see instructions). (7) Gibbre expenses. (8) Certain deemed and/or corrective distributions (see instructions). (8) Gibbre expenses. (8) Certain deemed and/or corrective distributions (see instructions). (8) Seg Certain deemed and/or corrective distributions (see instructions). (8) Seg Certain deemed and/or corrective distributions (see instructions). (8) Seg Certain deemed and/or corrective distributions (see instructions). (8) Seg Certain deemed and/or corrective distributions (see instructions). (8) Seg Certain deemed and/or corrective distributions (see instructions). (8) Seg Certain deemed and/or corrective distributions (see instructions). (8) Seg Certain deemed and/or corrective distributions (see instructions). (8) Seg Certain deemed and/or corrective distributions (see instructions). (8) Seg Certain deemed and/or correction feeture codes from the List of Plan Characteristic Codes in the instructions: (8) Part IV Plan Characteristics (9) If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (9) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (10) During the plan payer: (10) During the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (10) During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (10) During the plan provides welfare b		STATE OF STATE OF	1 1			- 100					
b Other income (loss)	-			9955-1398294		-					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			1							1	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions)		AND THE RESIDENCE OF THE PARTY		143	ь						
e Certain deemed and/or corrective distributions (see instructions)	10040		8c		E 347			9.502	3	75401	
f Administrative service providers (salaries, fees, commissions)			. 8d								
g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 1 I Net Income (loss) (subtract line 8h from line 8c) 8h 1 I Net Income (loss) (subtract line 8h from line 8c) 8h 1 I Net Income (loss) (subtract line 8h from line 8c) 8h 1 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H 1 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H 1 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H 1 b Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 1 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X 1 c Was the plan covered by a fidelity bond? 10c X 1 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10c X 1 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10c X 1 f Has the plan failed to provide any benefit when due under the plan? 10c X 1	е	Certain deemed and/or corrective distributions (see instructions)	8e								
Notal expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	. 8f								
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	. 8g			120				74.5	1.018
Part IV Plan Characteristics	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions) 10g X f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3. 10i X if 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i X 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form \$5500) and line 11a below). 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .	_i_	Net income (loss) (subtract line 8h from line 8c)	. 8i						3	75401	
Part V Compliance Questions	j	Transfers to (from) the plan (see instructions)	8j								
Part V Compliance Questions	Pai	t IV Plan Characteristics									
During the plan year: A Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a		If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruct	tions:		
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexmpt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10l 10l 10l 10l 10l 10l 10l 10l			1111			Tura 1	8.5				
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			tions within	the time period decouled in		Yes	No		Amo	unt	
c Was the plan covered by a fidelity bond?		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corre	ection Program)	10a		Х				
c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. Part VI Pension Funding Compliance	D				10b		Х				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			100		Х				
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bon	d, that was caused by fraud			х				
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	е										
f Has the plan failed to provide any benefit when due under the plan?		insurance service, or other organization that provides some or all	of the bene	fits under the plan? (See	10e		Х				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	f						Х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)		Х					8000
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					х				
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	ī	If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part				101						
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39		Is this a defined benefit plan subject to minimum funding requirem	ents? (If "Y	es," see instructions and com	plete	Sched	lule SB	(Form	П	Yes	No
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter reference.	11a										
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rule.	36							ERISA?	П	Yes	X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter regranting the waiver.		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applical	ble.)							
Day 1eal	a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	d in this plan year, see instruc	ctions, th_	and e	nter th	e date of t	he let Year		ng

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the resu negative amount)		12d		
е	Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets		100000		
13a	Has a resolution to terminate the plan been adopted in any plan year?		res X No	Č	
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?		ne control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the plan	s) to		
1	3c(1) Name of plan(s):		13c(2) El	IN(s)	13c(3) PN(s)
				· ·	
Part	VIII Trust Information (optional)				-
14a 1	Name of trust		14b Tr	rust's EIN	